POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

--- SUPPORT ---
THE HEART FUND

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

POSTMARK OF DELIVERING OFFICE

INSTRUCTIONS: Fill in items below and complete instructions on other side, if applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article RETURN RECEIPT REQUESTED.

RETURN TO

POD Form 3811 Sep. 1963

REGISTERED NO.	NAME OF SENDER Harold Weisberg
CERTIFIED NO. 296513	STREET AND NO. OR P. O. BOX
INSURED NO.	CITY, STATE, AND ZIP CODE Hyattstown Md 20734

C55—16—71548-6—F

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Deliver *ONLY* to addressee ☐ Show address where delivered

(Additional charges required for these services)

RECEIPT

Received the numbered article described on other side.

SIGNATURE OR NAME OF ADDRESSEE *(must always be filled in)*

ALAN LIVINGSTON

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

Carl A. Weiss

DATE DELIVERED	SHOW WHERE DELIVERED *(only if requested)*
2/27/67	—

C55—16—71548-5—F GPO